



Claims:	No. Remaining	Number Paid For	=	Extra	x	Surcharge/ Fees	=	
Total Claims	33	- 52	=	0	x	\$50	=	\$0
Independent Claims	4	- 5	=	0	x	\$200	=	\$0
Multiple Dependent Claims	0		=	0	x	\$360	=	\$0
Terminal Disclaimer								\$
Petition for Extension of Time								\$120
Information Disclosure Statement								\$
Petition to Director								\$
Total Fee Enclosed								\$120

METHOD OF PAYMENT

☒ Payment enclosed

☒ Check

☐ Money Order

☐ Other

☒ The Commissioner is hereby authorized to

☐ Charge indicated fees and credit any over payments to Deposit Account No. _____

☒ Charge any additional fees required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 502857.

Submitted by:

Dale Cook

Attorney

Reg. No. 42,434

<http://isf.intven.com/shared documents/Patents Filed-Active Drafts/Digital Cameras-001/0803-001-004-Image Corr Microlens Array/fee trans-response fee-FINALOA.doc>

March 2007
Date